

250 THE MENTAL HEALTH DIAGNOSTIC DESK REFERENCE

VISUAL 20.1. Personality Disorders Overview

Fundamental Features and General Symptoms

A Personality Disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

The pattern of behavior is manifested in 2+ areas:

1. Cognition
2. Affectivity
3. Interpersonal functioning
4. Impulse control

Coded on Axis II

Controversial and Poorly Validated Clusters

Adolescent/Early Adult Onset

Diagnosed in Adults

Diagnosed in children/adolescents rarely and one year after symptom/behavior onset

Antisocial Personality Dx. only after 18.

Cluster A

Organized on the basis of odd and eccentric behavior

301.00 Paranoid
301.20 Schizoid
301.22 Schizotypal

Cluster B

Organized on the basis of dramatic, emotional, or erratic behavior

301.7 Antisocial
301.83 Borderline
301.50 Histrionic
301.81 Narcissistic

Cluster C

Organized on the basis of behaviors associated with fear and anxiety

301.82 Avoidant
301.60 Dependent
301.40 Obsessive-Compulsive
301.90 PD NOS

In Appendix B . . . For Further Study**depressive personality disorder**

Pervasive pattern of depressive cognitions and behavior that begins by early adulthood and occurs in a variety of contexts.

passive-aggressive personality disorder

Pervasive pattern of negative attitudes and passive resistance to demands for adequate performance in social and occupational situations that begins by early adulthood.

R/O

Substances and GMCs. If symptoms existed prior to GMC/substance use, PD can be diagnosed.

the expectations of the person's culture. The person's personality dysfunction is pervasive and inflexible. Onset occurs in adolescence or young adulthood, and the disorder is stable over time, leading to distress and impairment. Because of the insidious and enduring nature of Personality Disorders, they are diagnosed on Axis II, and a person can receive more than one Personality Disorder diagnosis.

The Personality Disorders are one of the more controversial sections of the DSM-IV-TR. Much research on Personality Disorders has been done recently, but it has produced no conclusive results about the clustering of Personality Disorders into three typologies, although some bizarre explanations of the historical basis of personality types have been offered (see Chapter 2). One topic of debate is whether personalities can be typed or should be measured through a dimensional approach. In the DSM-IV-TR, the more common historical categorical approach has been continued. The Personality Disorders are also highly culture-bound, in that what is considered deviant in one culture can be expected behavior in another. Assessing personality is a complex task and requires a lengthy evaluation process. Diagnosis of a Personality Disorder can have serious lasting consequences for an individual. For these reasons, a Personality Disorder should only be diagnosed after a thorough evaluation, standardized testing, and a thorough differential diagnosis. In addition, a person must meet the general criteria of Personality Disorder before being diagnosed with a specific type.

Tip: Personality disorders should not be assigned on the basis of a single interview nor only on the basis of information provided by the person being evaluated. A reliable diagnosis uses multiple sources over time. A standard protocol recommended by Millon and Davis (2000) includes self-report inventories, clinical interviews, projective techniques, informants, and physiological measures, when available. Also, any diagnosis of a personality disorder should take into account all factors on Axes I, III, IV, and V.

Personality Disorders are rarely diagnosed in children because of the long-term enduring nature of the behaviors and symptoms required to diagnose these disorders. If a child is given a Personality Disorder diagnosis, the symptoms and behaviors must be present for at least one year. Antisocial Personality Disorder is never diagnosed in a person under eighteen years of age. A person under age eighteen with the symptoms of Antisocial Personality Disorder should be given a diagnosis of Conduct Disorder. Worthy of note here is that a person over eighteen years of age